

ORIGINAL

FINANCIAL STATUS REPORT  
(Short Form)  
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted GENERAL SERVICES ADMIN.		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 39.011 Help America Vote Act 101 Funds		OMB Approval No. 0348-0039	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) OFFICE OF THE LT. GOVERNOR STATE ELECTIONS OFFICE 115 STATE CAPITOL SLC, UT 84114						
4. Employer Identification Number [REDACTED]		5. Recipient Account Number or Identifying Number [REDACTED]		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) April 29, 2003		To: (Month, Day, Year) OPEN		9. Period Covered by this Report From: (Month, Day, Year) 01/01/2003		To: (Month, Day, Year) 12/31/2003
10. Transactions						
a. Total outlays			I Previously Reported			
b. Recipient share of outlays			II This Period			
c. Federal share of outlays			III Cumulative			
d. Total unliquidated obligations			0			
e. Recipient share of unliquidated obligations			0			
f. Federal share of unliquidated obligations			0			
g. Total Federal share (Sum of lines c and f)			0			
h. Total Federal funds authorized for this funding period			0			
i. Unobligated balance of Federal funds (Line h minus line g)			\$3,090,943			
11. Indirect Expense			\$3,090,943			
a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			b. Rate			
c. Base			d. Total Amount			
e. Federal Share						
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title AMY NACCARATO, DIRECTOR OF ELECTIONS				Telephone (Area code, number and extension) (801) 538-1041		
Signature of Authorized Certifying Official <i>Amy Naccarato</i>				Date Report Submitted Jan. 15, 2003		